Policy Title: Beneficiary Problem Resolution Processes

Policy Statement: ACBHP will resolve beneficiary problems reported by the beneficiary and/ or their representatives through complaint, grievance, and appeals processes. *Although, this policy specifically addresses ACBHP providers, it applies to all ACBHCS operated and contracted mental health provider services.*

BACKGROUND

The Alameda County Behavioral Health Plan (ACBHP) was implemented by Alameda County Behavioral Healthcare Services (ACBHCS) in 1997 following the Balanced Budget Act (BBA). Through the federal Medical Managed Care (MMC) Final Rule of June 14, 202, MMC extended BBA requirements to all Medicaid managed care configurations. ACBHP is considered a Prepaid Inpatient Health Plan (PIHP) administered through the State Department of Mental Health (DMH) and, therefore, is required to comply with all MMC rules. The intent of this policy is to fully implement the MMC rules in CFR Title 42, Chapter 4, Subchapter C, Part 438 (CFR Title 42), that address beneficiary grievance system, notwithstanding the existing DMH regulations in CCR Title 9, Section 1820.205 (CCR Title 9), that address Beneficiary Problem Resolution processes.

DEFINITIONS

Beneficiary: *A person eligible for mental health services through ACBHP and ACBHCS, including the Medi-Cal eligible person as defined in CCR Title 22, Section 51001.*

Beneficiary Problem Resolution: A group of administrative processes (complaint, grievance, and appeal processes) that manage any and all beneficiaries' dissatisfactions through defined processes that are considerate of the health needs of beneficiaries and compliant with State, Federal, and County regulations and rules.

Beneficiary Representative: Another person or entity selected by the beneficiary to act on her or his behalf with ACBHP.

Decision-Maker: The ACBHP staff person or committee assigned to make final decisions during implementation of the Beneficiary Problem Resolution processes. In implementing any and all processes, the decision maker must not (1) have been involved in any previous level of review or decision making related to the beneficiary's dissatisfaction and/or (2) address beneficiary dissatisfactions that are not

Clinical Issues: Any and all care and treatment related issues. Appropriately trained clinical staff will make the final decisions on these complaints and grievances.

Complaint Process: The process whereby a *beneficiary's expression of dissatisfaction about any matter other than an action* can be addressed after the beneficiary has been *fully informed* and *elects* to address this matter through this process. This complaint process is in compliance with CCR Title 9, Section 1820.205.

Grievance: An expression of dissatisfaction about any matter other than an action (as defined in this policy).

Grievance Process: The process whereby a *beneficiary's expression of dissatisfaction about any matter other than an action* can be addressed in accordance to CFR Title 42, notwithstanding CCR Title 9.

Action: An action occurs when the MHP does at least one of the following:

- Denies or limits authorization of a requested service, including the type or level of service;
- Reduces, suspends, or terminates a previously authorized service;
- Denies, in whole or in part, payment for a service;
- Fails to provide services in a timely manner, as determined by the MHP or;
- Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

Notice of Action: The official notification by ACBHP to a beneficiary regarding an action (as defined in this policy).

Appeal: A request for review of an action (as action is defined in this policy).

Grievance Committee: The decision making entity for final grievance decisions. Beneficiaries may choose to provide evidence to this committee prior to the decision. The committee composition is subject to all requirements of decision-makers under CFR Title 42.

Fair Hearing: This State level hearing is overseen by an administrative judge through the California Department of Social Services. A beneficiary may request a hearing at any time when initiating a complaint with ACBHP. The hearing is defined in CFR Title 42, Subpart E, Section 431.2 and CCR Title 22, Section 50951 and 50953.

BENEFICIARY RIGHTS AND ASSURANCES

Information

- Assure that each beneficiary has adequate information about the Problem Resolution processes. Brochures explaining the policy will be supplied to all provider sites.

- Making grievance and appeal forms and self-addressed envelopes available for beneficiaries to pick up at all provider sites without having to make a verbal or written request to anyone.

- Provider sites (county and contract) will inform consumers of this policy at initial contact and annually. Beneficiaries will be provided with the information form "Beneficiary Problem Resolution" (a/k/a Consumer Grievance Policy). The provider is to assure the beneficiary fully understands the content of the form, obtain signatures, and file it in the beneficiary's medical record.

- Posting notices explaining this policy in locations at all provider sites.

- Making interpreter services and toll-free numbers with adequate TDD/TTY and interpreter services available to beneficiaries at a minimum during normal business hours.

- Beneficiaries may request a copy of their grievance files and any supporting documentation *at any time*. In addition, beneficiaries may submit supporting documentation to ACBHP.

Representation and Assistance

- A beneficiary may authorize another person to act on his/her behalf. Oral consent is sufficient for in-network provider or staff representatives. Beneficiary authorization will be logged and maintained in his or her file. Written consent is required for out of network representatives, including: family, friends, partners/spouses, providers, and legal counsel.

- Legal representative may use the complaint, grievance or the appeal processes on the beneficiary's behalf.

- The Consumer Specialist is responsible for assisting a beneficiary with the problem resolution processes at the beneficiary's request and to provide information on request by the beneficiary or an appropriate representative regarding the status of the beneficiary's grievance or appeal.

- Non-network beneficiary representatives must complete a signed release of information form prior to ACBHP sharing any and all information.

Timely Response

- Provide for resolution of a beneficiary's complaint or grievance as quickly and simply as possible. Grievance and appeal process time lines are compliant to CCR Title 42 and State DMH guidelines and defined in this policy.

- Throughout this process, beneficiaries will be fully informed of the status of their reported complaint or grievance. Within 1 working day of contacting the Consumer Assistance Office, the beneficiary and/or representative are sent a Beneficiary Problem Resolution letter via US mail. The letter will include:

    - Information of the complaint, grievance and appeals processes,
    - Availability of assistance with the process,
    - Availability of interpreter, language and TDD/TTY services
    - Acknowledgement of receipt of complaint or grievance.

- The beneficiary and/or representative will be informed of any and all final decisions within the time guidelines as stated below. The notification will be provided in writing via US Mail and may accompany a phone call.

- Final decisions will be issued within thirty (30) days for complaints and sixty (60) days for grievances. Extensions may not exceed fourteen (14) days and are granted by the QA Administrator.

Protections

- Confidentiality: All information received will be maintained with full respect to all regulations that assure confidentiality and security.

- No discrimination in accordance with all agency, County, State and Federal guidelines.

- No retaliation for filing complaints, grievances, appeals, or State Fair Hearings.

- Network providers and staff involved in *prior decisions related to the complaint or grievance* will not be involved in ACBHP final decisions on the complaint or grievance.

- Beneficiaries will have the opportunity to provide approval prior to ACBHP contacting network providers. Beneficiaries have full access to consumer Assistance Office without notification to their providers.

- Beneficiaries may obtain additional information regarding access to accommodations for disabilities through the Consumer Assistance Office. Mental Health Advocates may be contacted directly by contacting;

Mental Health Advocates

1801 Adeline Street
Oakland, CA 94607
Telephone: 510-835-5532
Fax: 510-835-9232

Choices

- The beneficiary has the ability to choose to file or withdraw a complaint, grievance or State Fair Hearing at *any point in time*.

- Providers may have a complaint process of their own that beneficiaries may choose to utilize. Beneficiaries are not required to use the providers' process prior to contacting ACBHP. Grievances will be filed directly with ACBHP. At any point in time, consumers may choose to use ACBHP processes by contacting the Consumer Assistance Office.

- The beneficiary may provide written information, present evidence and/or request the provider's participation.

- At any point during the grievance process, the beneficiary is entitled to a second opinion by a provider within the ACBHP network.

- Beneficiaries who have received a notice of action (as defined in this policy) have full access to the Appeals and/or State Fair Hearings processes.

  Appeals may be initiated by contacting;

  ACBHP Authorizations Unit
  2000 Embarcadero Cove, Suite 200
  Oakland, CA 94606
  Telephone: 510-567-8141

  State Fair Hearing may be initiated by contacting;

  Administrative Adjudication Division/ State DSS
  744 P Street, Mail Station 19-37
  Sacramento, CA 95827-9979
  Telephone1-800-743-8525

  Or by contacting;

  CA State Medi-Cal Ombudsman
  Telephone: 1-800-896-4042 / TTY: 1-800-896-2512

COMPLAINT AND GRIEVANCE PROCESSES (see diagram #1)

These processes may be initiated by reporting to the Consumer Assistance Office of ACBHP.

Consumer Assistance Office
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606
Telephone: 800-779-0787
Also: 510-567-8137
Fax: 510-567-8130

- The complaint or grievance is filed by the beneficiary and/or representative in writing *or orall*y (by phone). Grievances *may be* followed by receipt of a written letter.

- The Consumer Assistance Office will make complaint decisions in coordination with appropriate administrative and clinical consultation. The ACBHP Grievance Committee (as defined in this policy) will make grievance decisions.

- Prior to final decisions *on grievances*, beneficiary and/or representative may request a hearing of the Grievance Committee and provide written information, present evidence and/or request the provider attend, if relevant. This is not available through the complaint process.

INFORMATION AND QUALITY MAINTANENCE

- Any and all documentation, hard copy and electronic, will be maintained by the Consumer Assistance Office within the guidelines set out by State and Federal regulations.

- The Consumer Assistance Office will maintain a log of all grievances. The log will contain the following: date filed, grievant name, program name, staff named, type of problem, date of, and type of response.

- Providers with their own complaint process are required to submit their logs to the Consumer Assistance Office on a quarterly basis.

- The Consumer Assistance Office will monitor the grievance and complaint processes and report to the Quality Assurance Office and Quality Assurance Committee on a monthly basis.

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